

Henna J. J.
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J. J. Henna

ŒSOPHAGISMUS,

A Typical Case of True Spasmodic Stricture of the
Œsophagus Resembling Organic Stricture,
Completely Cured by the Passage of a
Full-sized Œsophageal Sound.

WITH REMARKS ON THE SUBJECT

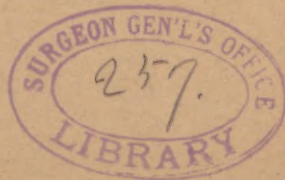
BY

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J. J. HENNA, M. D.,

Surgeon to the Out-Patient Department of Bellevue Hospital, New
York, Member of the Medical Society of the County
of New York, &c., &c.

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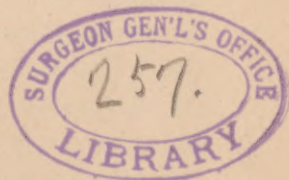
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WITH REMARKS ON THE SUBJECT.

BY

J. J. HENNA, M.D.

Surgeon to the Out-Patient Department of Bellevue Hospital, N. Y., etc

Mr. Valentine Ferro, æt. 71, a native of Bogota, S. A., and a cultured and intelligent gentleman. A man of good constitution and well preserved for his age. He enjoyed excellent health in his youth, and has always been of active disposition, being extremely fond of athletic sports, such as riding, hunting, etc. Has always praised himself for having a powerful stomach, being able to relish and digest almost anything. Has been of temperate habits, and never has used alcoholic drinks or tobacco to excess, his limit being a little claret wine at dinner and occasionally a cigar.

When about thirty years of age he began to suffer slightly from neuralgia, chiefly in the sciatic nerve, which, in spite of the efforts of his physicians and repeated changes of climate, has continued more or less to annoy him ever since. About thirty-two years ago he had yellow fever in Havana, from which he recovered without sequelæ and regained his normal health. This he continued to enjoy until a few months after, when he was attacked with cholera Asiatica in Port au Prince. He recovered without accident and was soon restored to his normal condition.

About twelve years ago, while taking a cold bath in a brook, he felt suddenly chilled, upon which he hastened home as quickly as possible. The chill having subsided, he sat down to his breakfast, but when he attempted to swallow a mouthful, he suddenly felt, to his surprise, an acute pain (lancinating as he described it) just under the ensiform cartilage, and inability to get the food into the stomach, but by successive efforts of swallowing, and after copious

draughts of ice water, the pain ceased, and the food at last succeeded in reaching its destination. He was then able to continue with his meal, as if nothing had happened. He has since suffered from similar attacks at intervals of from three months to a year, these always being excited by attempting to swallow anything irritant, such as a piece of pickle or a little lemon. The difficulty never lasted more than a few moments, always yielding to a draught of ice water, a mouthful of ice cream, or a cold mucilaginous drink. Once only did it last longer than this, when in spite of all the measures that were adopted for its relief, it persisted for three days. During this attack, opiates administered both by the mouth and subcutaneously failed to produce any effect, when suddenly, when least expected, he belched up considerable gas, and found himself relieved, being able to swallow as well as before.

On May 24th 1879, I was called to see him, when I obtained the following history. On the 20th inst., that is five days before I saw the patient, in the morning while at breakfast, on attempting to swallow he found that the food stopped at a certain point without reaching the stomach; just previously he had taken an electric bath on the advice of his physician, who was at the time treating him for neuralgic pains in the arm. Every time he attempted to take anything into the stomach, he was seized with an acute pain in the region under the ensiform cartilage, and felt that the food lodged at that point, when in a few moments he would feel a sense of suffocation. Then by simply bending his body forward the food would regurgitate without effort, and he was relieved of both the pain and the dyspnœa. Several physicians, both homeopathic and regular, had been summoned to his aid, and various diagnoses made, but no relief had been afforded, and the patient, in spite of his active sensations of hunger, was exhibiting symptoms of starvation, and it was evident that his stomach had received no nourishment. In this condition I found him, when after having gathered the preceding facts, I at once proceeded to make a careful physical examination.

Looking at the throat, I found nothing that would indicate any

trouble in the pharynx, and presenting him with a glass of water he seemed to swallow it normally but said that he felt it stop at a certain point, placing his finger just to the left of the sternum, and slightly above the ensiform cartilage. On percussion over the stomach I found it still empty. As he had spoken to me of the facility with which he could bring up whatever he swallowed, I desired to verify the statement, and so requested him to perform the act in my presence. By simply bending the body forward, and without any apparent effort, about the same amount of water that he had previously swallowed was returned. Inspecting this carefully, I found no evidences that would lead me to believe that it had been in the stomach. But wishing to be more certain I repeated the experiment, and as he swallowed placed my ear over the stomach, but could not detect the characteristic gurgling produced by a quantity of fluid entering that viscous. Milk given in the same way was returned in a like manner, after having been retained for about an hour. A careful examination of it, showed that it had undergone no change whatever during its sojourn, which proved conclusively that it had never reached the stomach, for had it done so, some digestion must necessarily have occurred, as sufficient time had elapsed. The caseine was uncoagulated and the reaction was still alkaline.

It was therefore evident that there was some obstruction at the cardiac orifice, the nature of which was as yet unknown. A careful physical examination gave entirely negative evidence of aneurism or other tumor in the neighborhood. There was likewise no history of traumatic stricture from poisoning or previous disease. The only possibilities, therefore, were that we had to deal with either an organic stricture from chronic fibrous induration of the œsophageal walls, or with a *spasmodic contraction*. The history of his previous attacks, though they had lasted for a much shorter period, and the absence of progressive inability to swallow, led me to accept the latter condition as the true one.

As I had been called in simply to give my opinion of the case, after expressing my belief that it was a spasmodic stricture of the œsophagus, (*œsophagismus*) I took my departure.

The following morning I was requested to take the entire charge of the case. As before stated, I believed the difficulty to be a spasmodic contraction of the œsophagus, and as a means of *treatment* I suggested the use of an œsophageal bougie, with the expectation that its mere presence at the seat of the obstruction would cause the contracted muscles to relax and allow of the free passage of the instrument. I based this view on the fact that, as in a case of *urethrismus*, where even the passage of a filiform bougie is resisted, the spasm will yield to the presence of an instrument of very much larger size, so in the present instance, if the diagnosis were correct, the obstruction would be quickly overcome. It was necessary for the patient to be relieved with as much speed as possible, as he was showing signs of rapid exhaustion, and the secretion of urine was becoming exceedingly scanty. I did not wish to rely on the tardy, uncertain effects of medicine. My suggestion of the bougie was not, however, acceptable to the patient or his friends, and they would not consent to the procedure.

Not wishing to assume the entire responsibility under the existing circumstances, I advised a consultation, and Prof. Alonzo Clark, of this city, met me during the evening. In the meantime, I had ordered rectal injections of defibrinated blood to nourish him. Dr. Clark, on examining the patient, concluded that, if it were a spasmodic stricture, it would probably yield to counter-irritation, and advised the application of dry cups along the spine, suggesting a postponement of forcible dilatation. We also agreed to try hypodermatic injections of sulphate of atropia, if the cups should prove unavailing. These plans were carried out faithfully for two days, but failed to afford any relief.

Still adhering to my original suggestion, but being still opposed by the patient and his friends, another consultation was held on the evening of May 27th (the eighth day) to which, besides Prof. Clark, Prof. Austin Flint was invited. Both of these gentlemen regarded the case with considerable interest, as they informed me that they had never seen a case of spasmodic stricture of the œsophagus lasting

eight days. As the prognosis looked bad if something were not done immediately to relieve the patient, fearing uræmia (no urine having been passed for nearly forty hours) I decided to introduce the bougie immediately in the presence of the consulting gentlemen. The patient, now worn out and discouraged, after some persuasion, consented to have it done. No. 12 œsophageal sound was selected. On introducing the instrument no resistance was met with until the end reached the point where the patient felt the pain each time that he had previously swallowed. At that spot it was effectually resisted, when after a few seconds of gentle but steady pressure (exactly as in urethrismus) the contraction yielded, and the sound slipped into the stomach with ease. This fact was verified by proper measurement and by the end of the instrument being felt by abdominal palpation. After leaving the bougie *in situ* for a few moments, it was withdrawn without any perceptible grasping. A glass of water was then presented, which he swallowed freely, and when he felt that it entered the stomach he exclaimed that he felt perfectly relieved, and that he was sure that the obstacle had been removed. He then asked for some food, which was given him, and which was rapidly devoured.

He passed a very quiet night, and the next morning, apart from the severe exhaustion caused by the prolonged forced abstinence from food and drink, experienced no discomfort.

Since that time up to the date of this publication, about four and a half months, he has enjoyed his usual health, without the slightest return of the difficulty.

The preceding case is a most remarkable one in many respects. The extreme rarity of the disease, the age and sex of the patient, the duration of the attack, the absolute, unremitting closure of the œsophageal canal, the failure of medicinal remedial agents, the confirmation of the theory of the disease, and the prompt relief afforded by the application of that theory to the treatment, all combine to make the case well worthy of record, and of attentive study.

A careful and laborious search of medical literature has failed to

result in the finding of a case that presents so clearly the features of the disease, or of but one or two of the same nature, lasting so long, and terminating favorably. The present instance may therefore serve as a text for a few remarks on this rare though important affection.

FREQUENCY AND CAUSES.

If we accept the opinions of most of those who have written on this affection, we would be led to the conclusion that it was much less rare than a more careful examination proves. Most authors, especially the earlier ones, have included, in their descriptions, cases in which the œsophageal spasm was merely an accessory phenomenon to some other disease, such, for example, as tetanus, hydrophobia, or hysteria. If we restrict the term *œsophagismus* to those cases in which there is no discoverable lesion present, or in which it is not merely the symptom or result of some other affection, in other words where it is *idiopathic*, we shall find that most of the cases quoted will have to be excluded. This would leave but very few true cases, such as the one before us, on record, and it must therefore be considered as one of the rarest affections met with.

Valleix* defines the condition as a "*convulsive constriction of the œsophagus* whose explanation can not be found in any organic lesion of that or the neighboring organs." This is perhaps the best definition yet proposed.

Von Ziemssen† says: "the so-called *idiopathic* spasm includes all those cases in which no definite anatomical cause can be demonstrated. If this idiopathic spasm is admitted to be a true neurosis of the œsophagus, it will be necessary to include under this form all those cases which result from reflex action, and from irritation of the terminal branches of the vagus nerve, external to the œsophagus, as well as irritation of other centripetal nerves."

* Valleix. *Guide du Médecin Practicien*. 5th edition tom. III. p. 584.

† Von Ziemssen. *Cyclopædia of the Practice of Medicine Am. Ed.* Vol. VIII, p. 206.

In all cases coming under this definition, and the present one is such a case, the patient must be the subject of some neurosis, the exact nature of which, however, may not be demonstrable.

The question arises what was the cause in the case above recorded? For twenty years previous to the first attack the patient had suffered from a neurotic trouble, exhibiting itself under the form of sciatica. The immediate cause of the spasm may be attributed to the impression produced on the peripheral nerve in an obviously sensitive condition of the nervous system, by the chilling of a cold bath. Subsequent attacks were produced by irritating substances, such as pickles or lemons, coming in direct contact with the peripheral filaments of the vagus nerve. Previous to the last attack he had been suffering from brachial neuralgia, and the electric bath which he took to relieve this, by irritating the peripheral nerves, may have excited a reflex spasm in the œsophagus.

AGE AND SEX.

As many of the causes are most frequently seen in the female sex and in adult age, we naturally find that the disease is most often met with in women, and after the age of puberty. All authorities are agreed on this point, though Everard Home and Dr. Stevenson have cited cases that have occurred during the first years of life. It is to be supposed, however, that these cases were nothing more than simple spasm of the glottis, or ordinary dysphagia.

DURATION OF THE ATTACK.

It is generally conceded that the attack is variable in its duration, sometimes lasting but a few moments, at others continuing for days. With very few exceptions it is remittent in character, the patient being able, at intervals, to swallow enough nourishment to preclude the possibility of death by inanition. In none of the recorded cases has the closure of the œsophagus been so absolute and unremittent as in the present one, death by starvation and uræmia being imminent.

Von Ziemssen,† in his excellent article, observes on this point :

†Von Ziemssen, *op. cit.*, p. 208.

"The duration of a single attack varies considerably; it may continue for minutes, hours, days; indeed, the spasm has been known to persist for weeks and months. This "*stenosis spastica fixa, continua*" of Hamburger runs its course without pain, and shows fluctuations of intensity, without at any time complete disappearance of the spasm. In this rare form, *even though the ability to swallow has never been abolished*, deglutition suffers, and with it, very perceptibly, the nutrition of the patient."

ANATOMICAL LESIONS.

In those cases where an autopsy has been held, as in those reported by Rutherford, Monro and Power, no anatomical lesion has been found. (We, of course, exclude such cases in which there was ulceration of the œsophagus where the spasm was secondary).

DIAGNOSIS.

The question of diagnosis becomes only of real importance where the disease is primary, for where it is a symptom of hysteria or tetanus, the recognition of its cause becomes a comparatively easy matter. The diagnosis of the idiopathic form can only be arrived at by a careful process of exclusion. Organic strictures arising from aneurismal, cancerous or other tumors must be negatived by careful physical examination, and consideration of the previous history. The suddenness of the attack, oftentimes making its first appearance during a meal, is a point that would lead us to suspect its nature. The passage of an œsophageal bougie would be the best means to determine the nature of the constriction. In passing the sound a resistance will be met with in both cases, but if the stricture be spasmodic, the obstruction will yield to its mere presence in a short time, whereas, if the constriction be an organic one, the passage of the instrument becomes more difficult and painful, and the same resistance is met with during its withdrawal.

PROGNOSIS.

In cases where the diagnosis is clearly determined, the prognosis is by no means unfavorable, although Henry Power and others

have cited cases where the disease terminated fatally, in which no anatomical lesions were found on the autopsy.

TREATMENT.

The method of treating the affection will, of course, depend greatly upon the cause of the trouble. In those cases where it is only an accessory phenomenon, it does not call for special measures for its relief, subsiding when the original disease is under control. In such cases there is ordinarily nothing to be feared from inanition caused by the inability to swallow, or if there be, the symptoms of the primary affection are those that require most attention.

It is, however, the protracted idiopathic form that occupies us at present. Medicinal agents of many kinds have been used, sometimes with success, and sometimes fruitlessly. As, in these cases, the spasm arises from a reflex origin, it would seem *à priori* that the employment of such remedies as tend to allay reflex excitability, would offer the greatest hope of success. Dry cups to the spine, camphor, musk, belladonna and bromide of potassium have been used with some advantage. The latter medicines might be given by the rectum, when they cannot be introduced into the stomach, or it would perhaps be still better to administer atropia or morphia hypodermically.

Strychnia and electricity have been recommended and some authorities have reported cases in which these methods were successful. Both of these remedies tend to increase reflex excitability, and it is difficult to understand how they can cut short an affection which takes its origin from the very effect that they produce. The only explanation that can be offered is that these cases were not spasmodic constriction but rather paralysis of the œsophagus, and the diagnosis was a mistaken one. In the case above recorded, the spasm supervened immediately after an electric bath, and might not the increased reflex excitability induced thereby have been the exciting cause of the affection?

In many cases, as in the one before us, all these measures will fail to afford relief. We must then have recourse to the œsophageal

sound. A large size should be chosen, as it will probably accomplish its object better than a small one. The reason for this, is the same for which we usually select a urethral sound of large circumference, when we wish to overcome the obstruction produced by spasm in the urethra. We frequently find that spasmodic urethral strictures will admit an instrument of considerable size, when they will not allow of the introduction of a filiform. The cause of the stricture is in all probability identical in the two cases, a spasmodic contraction of the muscles surrounding the tube.

When the sound is first introduced, the obstruction will probably seem to become more resistant. The instrument should then be held against the resisting point with gentle yet firm pressure, and in a few moments the spasm will give way and the sound pass of itself without further opposition.

A single introduction of the bougie in this manner will often suffice, as in the case reported, for a complete and permanent cure. If the affection should return, a subsequent introduction becomes an easy matter.

The question arises: Is it worth while in a case of this nature to try medicinal remedial agents first? For my own part I think it best to proceed at once to the mechanical method of cure. An early introduction of the sound is sometimes an indispensable method of diagnosis, and at the same time that it gives us the necessary information concerning the disease, it likewise acts as a radical means of cure.

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